

SERIAL NUMBER 09/383,560	FILING DATE 08/26/99	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 54989USA6A
-----------------------------	-------------------------	--------------	------------------------	-----------------------------------

APPLICANT

RICHARD P. RUSIN, WOODBURY, MN; JAMES D. HANSEN, PASADENA, CA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

Best Available Copy

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/13/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

ARLENE L HORNILLA
OFFICE OF INTELLECTUAL PROPERTY COUNSEL
3M INNOVATIVE PROPERTIES COMPANY
P O BOX 33427
ST PAUL MN 55133-3427

TITLE

CERAMIC DENTAL MILL BLANKS

FILING FEE RECEIVED \$1,628	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	---	---



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6747

SERIAL NUMBER 09/383,560	FILING DATE 08/26/1999 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 54989USA6A
APPLICANTS RICHARD P. RUSIN, WOODBURY, MN; JAMES D. HANSEN, PASADENA, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 48
				INDEPENDENT CLAIMS 6
ADDRESS 32692				
TITLE CERAMIC DENTAL MILL BLANKS				
FILING FEE RECEIVED 1772	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	